

DOCKET No. 24m1724

Duration: 15 min

Proceeding via: Video Conference AT&T In Person

DEFENDANT Joral Fabio

AUSA Benjamin Gianforti

 INTERPRETER NEEDED

DEF.'S COUNSEL Lisa Scolari

 RETAINED FEDERAL DEFENDERS CJA PRESENTMENT ONLY DEFENDANT WAIVES PRETRIAL REPORT Rule 5 Rule 9 Rule 5(c)(3) Detention Hrg.

DATE OF ARREST 5/7/2024

 VOL. SURR. Other: _____

TIME OF ARREST 6:00 AM

 ON WRIT

TIME OF PRESENTMENT 3:22 PM

BAIL DISPOSITION SEE SEP. ORDER DETENTION ON CONSENT W/O PREJUDICE DETENTION: RISK OF FLIGHT/DANGER SEE TRANSCRIPT DETENTION HEARING SCHEDULED FOR: _____ AGREED CONDITIONS OF RELEASE DEF. RELEASED ON OWN RECOGNIZANCE \$50,000 PRB 1 FRP SECURED BY \$ CASH/PROPERTY: _____ TRAVEL RESTRICTED TO SDNY/EDNY/ _____ TEMPORARY ADDITIONAL TRAVEL UPON CONSENT OF AUSA & APPROVAL OF PRETRIAL SERVICES SURRENDER TRAVEL DOCUMENTS (& NO NEW APPLICATIONS) PRETRIAL SUPERVISION: REGULAR STRICT AS DIRECTED BY PRETRIAL SERVICES DRUG TESTING/TREATMT AS DIRECTED BY PTS MENTAL HEALTH EVAL/TREATMT AS DIRECTED BY PTS DEF. TO SUBMIT TO URINALYSIS; IF POSITIVE, ADD CONDITION OF DRUG TESTING/TREATMENT HOME INCARCERATION HOME DETENTION CURFEW STAND ALONE MONITORING LOCATION MONITORING TECHNOLOGY AS DIRECTED BY PTS GPS DEF. TO PAY ALL OR PART OF COST OF LOCATION MONITORING, AS DETERMINED BY PRETRIAL SERVICES DEF. TO CONTINUE OR SEEK EMPLOYMENT [OR] DEF. TO CONTINUE OR START EDUCATION PROGRAM DEF. NOT TO POSSESS FIREARM/DESTRUCTIVE DEVICE/OTHER WEAPON DEF. TO BE DETAINED UNTIL ALL CONDITIONS ARE MET DEF. TO BE RELEASED ON OWN SIGNATURE, PLUS THE FOLLOWING CONDITIONS: _____

; REMAINING CONDITIONS TO BE MET BY: 5/14/24

ADDITIONAL CONDITIONS/ADDITIONAL PROCEEDINGS/COMMENTS:

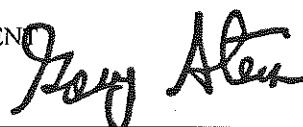
No contact with co-defendant, co-conspirators or witnesses except in the presence of counsel
 Defendant may travel to CT in near future for one day as agreed by Pretrial Services

 DEF. ARRAIGNED; PLEADS NOT GUILTY CONFERENCE BEFORE D.J. ON _____ DEF. WAIVES INDICTMENT SPEEDY TRIAL TIME EXCLUDED UNDER 18 U.S.C. § 3161(h)(7) UNTIL _____

For Rule 5(c)(3) Cases:

 IDENTITY HEARING WAIVED DEFENDANT TO BE REMOVED PRELIMINARY HEARING IN SDNY WAIVED CONTROL DATE FOR REMOVAL: _____

PRELIMINARY HEARING DATE: 6/6/24

 ON DEFENDANT'S CONSENT

UNITED STATES MAGISTRATE JUDGE, S.D.N.Y.

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS

IN THE CASE OF

V.

 OTHER (Specify Below)

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

JAROL FABIO

CHARGE/OFFENSE (Describe if applicable & check box→)

 Felony Misdemeanor

- Defendant - Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Supervised Release Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify) _____

DOCKET NUMBERS
Magistrate Judge
24 MAG 1724
District Court
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

	EMPLOYMENT	Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>not</i> IF YES, how much do you earn per month? <i>\$ 3000.00</i> Will you still have a job after this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown																																								
INCOME & ASSETS	PROPERTY	Do you own any of the following, and if so, what is it worth? <table border="1"><thead><tr><th></th><th>APPROXIMATE VALUE</th><th>DESCRIPTION & AMOUNT OWED</th></tr></thead><tbody><tr><td>Home</td><td>\$ _____</td><td></td></tr><tr><td>Car/Vehicle</td><td>\$ <i>6,000.00</i></td><td><i>2011 Infinity investment account</i></td></tr><tr><td>Boat</td><td>\$ <i>1200.00</i></td><td></td></tr><tr><td>Stocks/bonds</td><td>\$ <i>5000.00</i></td><td><i>roth IRA</i></td></tr><tr><td>Other property</td><td>\$ <i>70,000.00</i></td><td><i>401K</i></td></tr></tbody></table>			APPROXIMATE VALUE	DESCRIPTION & AMOUNT OWED	Home	\$ _____		Car/Vehicle	\$ <i>6,000.00</i>	<i>2011 Infinity investment account</i>	Boat	\$ <i>1200.00</i>		Stocks/bonds	\$ <i>5000.00</i>	<i>roth IRA</i>	Other property	\$ <i>70,000.00</i>	<i>401K</i>																					
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CASH & BANK ACCOUNTS	Do you have any cash, or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, give the total approximate amount after monthly expenses \$ <i>1000.00</i>																																									
OBLIGATIONS, EXPENSES, & DEBTS	How many people do you financially support? <i>select</i> <table border="1"><thead><tr><th>BILLS & DEBTS</th><th>MONTHLY EXPENSE</th><th>TOTAL DEBT</th></tr></thead><tbody><tr><td>Housing</td><td>\$ <i>996.00</i></td><td>\$ _____</td></tr><tr><td>Groceries</td><td>\$ <i>300.00</i></td><td>\$ _____</td></tr><tr><td>Medical expenses</td><td>\$ _____</td><td>\$ <i>2,000.00</i></td></tr><tr><td>Utilities <i>- electric</i></td><td>\$ <i>125.00</i></td><td>\$ _____</td></tr><tr><td>Credit Cards <i>+ interest</i></td><td>\$ <i>400.00</i></td><td>\$ <i>2500.00</i></td></tr><tr><td>Car/Vehicle</td><td>\$ <i>1425 parking garage</i></td><td>\$ _____</td></tr><tr><td>Childcare <i>insurance 125</i></td><td>\$ <i>125</i></td><td>\$ _____</td></tr><tr><td>Child Support</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>Insurance</td><td>\$ _____</td><td>\$ _____</td></tr><tr><td>Loans <i>student</i></td><td>\$ _____</td><td>\$ <i>13,000.00</i></td></tr><tr><td>Fines <i>cell phone</i></td><td>\$ <i>150.00</i></td><td>\$ _____</td></tr><tr><td>Other <i>medical judgment</i></td><td>\$ <i>34.00</i></td><td>\$ _____</td></tr></tbody></table>			BILLS & DEBTS	MONTHLY EXPENSE	TOTAL DEBT	Housing	\$ <i>996.00</i>	\$ _____	Groceries	\$ <i>300.00</i>	\$ _____	Medical expenses	\$ _____	\$ <i>2,000.00</i>	Utilities <i>- electric</i>	\$ <i>125.00</i>	\$ _____	Credit Cards <i>+ interest</i>	\$ <i>400.00</i>	\$ <i>2500.00</i>	Car/Vehicle	\$ <i>1425 parking garage</i>	\$ _____	Childcare <i>insurance 125</i>	\$ <i>125</i>	\$ _____	Child Support	\$ _____	\$ _____	Insurance	\$ _____	\$ _____	Loans <i>student</i>	\$ _____	\$ <i>13,000.00</i>	Fines <i>cell phone</i>	\$ <i>150.00</i>	\$ _____	Other <i>medical judgment</i>	\$ <i>34.00</i>	\$ _____
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I certify under penalty of perjury that the foregoing is true and correct.

*Jarol Fabio**5/7/24*

SIGNATURE OF DEFENDANT (OR PERSON SEEKING REPRESENTATION)

Lisa Scialo

FD/CJA/RET. ATTORNEY

(PRINT)

Benjamin Gianforti

ASSISTANT UNITED STATES ATTORNEY

(PRINT)

 APPROVED DENIED*Sheri A*

SIGNATURE OF JUDICIAL OFFICER

5/7/24

DATE